



**Relative Exempt Request Form for Child Care Subsidy
License Exempt & In-Home Provider or Household Member**

Provider Name: _____ Subsidy ID/Org Number: _____

Provider Address: _____ Phone Number: _____

License Exempt and In-Home Child Care Providers who solely care for children related to them are excluded from certain federal CCDF and CCDBG requirements specific to some health and safety trainings, completion of an Emergency Preparedness Plan, maintenance of records of children in care, and completion of FBI fingerprint record checks.

Relatives are defined only as grandparents, great-grandparents, siblings, aunts, and uncles. Step-persons bearing these relationships are included.

If you are a License Exempt or In-Home Child Care Provider caring only for a relative child or children, and meet the above definition, please complete and return this Relative Exemption Form. This exclusion is provided only if there are no other unrelated children who are cared for in the same setting. This form may also be used to indicate household members who meet the relative definition, and are therefore exempt from the FBI fingerprint requirement.

If you meet the relative exemption, you will still receive an annual inspection at the time of your Subsidy Agreement renewal.

Master Case Number: _____

Child(ren) in care: _____

Name of Provider:	Provider Relationship to child(ren):
	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Great- <input type="checkbox"/> Step-
Household Members:	Household Member Relationship to child(ren):
	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Great- <input type="checkbox"/> Step-
	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Great- <input type="checkbox"/> Step-
	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Great- <input type="checkbox"/> Step-
	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Great- <input type="checkbox"/> Step-
	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling <input type="checkbox"/> Great- <input type="checkbox"/> Step-

Failure to submit this information may result in closure of your Child Care Subsidy Agreement. Verifications of relationship to children in care may be requested upon Department's review. Submit this form to your assigned Resource Developer.

Provider Signature: _____ **Date:** _____

Provider signature above attests this information is true and accurate.